

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91125 046 ***158.75

DOCUMENT # V31049

1. Entity Name

SERVICE MASTERS AIR CONDITIONING-HEATING-APPLIANCES, INC.

Principal Place of Business

**13600 LINDEN DR
 BROOKSVILLE FL 34609
 US**

Mailing Address

**P. O. BOX 5798
 SPRING HILL FL 34611
 US**

2. Principal Place of Business

13116 Hexam Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

City & State

4. FEI Number

59-3121529

Applied For

Not Applicable

Zip

Country

34613 Hexam Rd

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**UNBEHAGEN, ROGER
 PADGETT BUS SERVICES
 45 TARPON SPRINGS AVE
 TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **Maryann Frederick**
 Street Address (P.O. Box Number is Not Acceptable) **13116 Hexam Rd**
Brooksville
 City **FL** Zip Code **34613**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Maryann Frederick**

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **FREDERICK, MARYANN**
 STREET ADDRESS **13116 HEXAM RD.**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **V** ☐ Delete
 NAME **FREDERICK, STEVE**
 STREET ADDRESS **13116 HEXAM RD.**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **S** ☐ Delete
 NAME **FREDERICK, MARYANN**
 STREET ADDRESS **13116 HEXAM RD.**
 CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Maryann Frederick** **4/24/02** **352-666-0016**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)